



0413-07

Atty. Dkt. No. 017227-0155

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John C. COX et al.

Title: IMMUNOGENIC COMPLEXES
AND METHODS RELATING
THERETO

Appl. No.: 09/506,011

Filing Date: 2/17/2000

Examiner: Emily M. Le

Art Unit: 1648

Confirmation 6856
Number:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EL 963567724 US (Express Mail Label Number)	April 12, 2007 (Date of Deposit)
Abi Airohi (Printed Name)	
 (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated October 18, 2006, finally rejecting Claims 1-3, 6-8, 12-17 and 53.

- ☐ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

04/16/2007 WABDELRI 00000007 09506011

01 FC:1401 500.00 OP
02 FC:1253 1020.00 OP

WASH_1853452.1

The required fees are calculated below:

<input checked="" type="checkbox"/>		Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:		\$1,020.00
<input type="checkbox"/>		Extension:	\$0.00
		FEE TOTAL:	\$1,520.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
		TOTAL FEE:	\$1,520.00

A credit card payment form in the amount of \$1,520.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

April 12, 2007

By

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